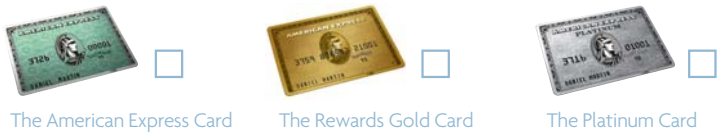


APPLICATION FOR THE AMERICAN EXPRESS® INTERNATIONAL DOLLAR CARD



The American Express Card The Rewards Gold Card The Platinum Card

According to the USA Patriot Act, we cannot process your application unless all **bold** fields are completed.

Check The Card you are applying for.

PERSONAL INFORMATION

First, Middle, Last Name _____ Print name the way you would like it to appear on The Card. Must not exceed 20 spaces.

Date of Birth: _____ **National ID # or Passport Number:** _____ **Nationality:** _____
M M / D D / Y Y

E-mail address² (optional): _____

Home Address:
 Please do not provide a P.O. Box. We can only process your application with your physical address.
 Years/Months at this address: _____ Country: _____

City: _____ State: _____ Postal Code: _____ Number of dependents: _____

Telephone Number³ (_____) _____

EMPLOYMENT INFORMATION

Please complete the following information regarding your employment.

Employed Self employed Retired³

Company Name _____ Type of Business _____

Company Address: _____ City: _____

State: _____ Postal Code: _____ Country: _____

Telephone Number (_____) _____ No. of Months/Years employed at the company _____

Title or Position _____ Annual Household Income⁴ _____

BILLING INFORMATION

You authorize us at all times to send you monthly billing statements and all other account-related correspondence to the address of your preference. Please choose.

Residence Office Other

Address/P.O. Box: _____ City: _____

State: _____ Postal Code: _____ Country: _____

Statement Online
 Yes, I wish to enroll in Paperless from American Express and receive online statements instead of paper statements.

Same e-mail as above Other⁵: _____

REFERRING FINANCIAL INSTITUTION INFORMATION

Checking Account Savings Account Other Account Number _____

Financial Institution Name: _____ Name of Relationship Manager: _____

Address: _____ City: _____

State: _____ Postal Code: _____ Country: _____

Do you have or have had an American Express® Card? Yes No Account Number _____

ADDITIONAL CARDS

You may obtain Additional Cards for the members of your household and other dependents of at least 15 years old.

First, Middle, Last Name _____ Print name the way you would like it to appear on The Card. Must not exceed 20 spaces.

Date of Birth _____ National ID # or Passport Number _____ Relationship _____
M M / D D / Y Y

First, Middle, Last Name _____ Print name the way you would like it to appear on The Card. Must not exceed 20 spaces.

Date of Birth _____ National ID # or Passport Number _____ Relationship _____
M M / D D / Y Y

ADDITIONAL SERVICES

Membership Rewards[®]: the largest card-based rewards program in the world, offers a broad array of travel, retail, dining and entertainment rewards. The program allows Card Members to earn one point for virtually every dollar charged on eligible American Express® Cards. Points have no expiration date and there is no limit to the number of points you can earn.

The Membership Rewards® Program annual fee is \$40, except as otherwise provided below. There is no annual Program fee for The Rewards Gold Card and Platinum Card®. Visit www.membershiprewards.com/terms.aspx for full program Terms and Conditions. For more information or to enroll in The Membership Rewards program when you are applying to The American Express Card or The Rewards Gold Card you should call at 1-800-545-5048. Participating partners and available rewards are subject to change. Membership Rewards partners will receive certain information about you in order to provide the benefits of your Membership Rewards account.

Credit Card Registry: Credit Card Registry will allow a Card Member to register valuable data, including credit card details, personal identification documents, or any other valuable document information. In case of loss or theft of the Card Member's cards and/or documents, a single call to AXA Assistance's 24 hours service will allow Card Members to report and request assistance to cancel all lost or stolen cards.

The acceptance of this service constitutes your knowledge and agreement with the general terms and conditions detailed by AXA Assistance USA. The monthly cost of the service is \$3 and will be automatically charged to your American Express Card. AXA Assistance USA shall not offer partial reimbursements of the cost of a 1 (one) year membership. This service is available to all American Express Card Members with limited permanent residency in Latin America, the Caribbean and Bermuda.

Applicant's Signature _____ Date _____

By signing above, I certify that I have read and agree to all the terms and conditions above on this application, and I authorize my Financial Institution to provide information indicated on this application.

FINANCIAL INSTITUTION RECOMMENDATIONS FOR INTERNAL USE ONLY

BFN/MFT

Personal Sales TSO Other _____

Bank Approval Program (BAP)

Please answer the following questions:

1. Does the Financial Institution know the applicant and consider he/she has good references? Yes. No.

2. Can it be confirmed the applicant lives at the address given on his/her application? Yes. No.

3. Can it be confirmed the applicant has the annual income given on his/her application? Yes. No.

4. Does the Financial Institution consider the applicant to be able to comply with the financial obligations? Yes. No.

5. Please specify the applicant's average daily balance during the last 12 months⁶: _____

6. Please indicate another relation with the Financial Institution during the last 12 months⁷: _____

Premier Program

Please specify the applicant's total liquid assets at time of application: \$50K+ \$75K+ \$100K+

Please specify the applicant's tenure with the Financial Partner at time of application: more than 12 months less than 12 months (Please provide a copy of clients previous bank statements)

Financial Institution's Authorized Officer _____ Telephone Number _____

Authorized Signature _____ Date _____

Authorized Signature (optional) _____ Date _____

Financial Institution Reference Number _____



APPLICATION FOR THE AMERICAN EXPRESS® INTERNATIONAL DOLLAR CARD

The American Express Card



Annual Fee
Basic Card: \$60
Additional Cards each: \$30

Late Payment Fees:
 After 45 days: \$35. After 60 days: the greater of \$35 or 2.99% of the delinquent balance.

The Rewards Gold Card



Annual Fees:
Basic Card: \$165.
Additional Cards: \$35 for up to five Additional Cards and \$35 for each Additional Card after the first five.

Late Payment Fees:
 After 45 days: \$35. After 60 days: the greater of \$35 or 2.99% of the delinquent balance.

The Platinum Card



Annual Fees:
Basic Card: \$595.
Additional Cards: No annual Fee.

Late Payment Fees:
 After 60 days: the greater of \$35 or 2.99% of the delinquent balance.

All charges made on this Charge Card are due and payable when you receive your billing statement.

(1) Please attach to the application, a photocopy of your passport or identification and proof of your residential address may be a phone or electricity bill or other bank statement with the same residential address as the applicant's. (2) American Express may send you important information regarding your account, in addition to offers through e-mail that can be of your interest. For further details or to establish your e-mail preferences, please read the American Express® Privacy Statement at www.americanexpress.com/lac. (3) The only information we need is your Total Annual Income, without this information your application will not be processed. (4) Alimony or child support income does not need to be included if you do not want it to be considered in this application. (5) American Express will send you only billing information to this e-mail. (6) If the bank does not know the applicant or the questions have been answered negatively, send in the application and American Express® will proceed with a normal credit investigation. If you answered NO to any of the questions, your application will not qualify for the "Bank Approval Program". (7) If you have been a customer of this bank for a period shorter than 12 months, please send us your account statement corresponding to your previous bank.

Important information regarding your application depending on your country of origin*

By signing or returning this application, I ask that a Card account be opened in my name and Card(s) issued as I request, and that you renew and replace them until I cancel. I agree to be bound by the Agreement governing my account. I understand that the agreement governing the account includes an arbitration provision, which affects my ability to have claims related to the account heard in court or resolved by a jury, and to participate in a class action or similar proceeding. I understand that the agreement governing the account also provides, among other things, that the account terms, such as fees, are subject to change. I agree to be liable for all charges to my account, including charges incurred with any Additional Card(s) issued on my account now or in the future. The information in this application is accurate through October 25, 2007.

I understand that I must provide all the information requested in this application and I certify that such information is accurate. I authorize you to verify the information on this application and to receive and exchange information about me, including requesting reports from consumer reporting agencies. If I ask whether or not a consumer report was requested, you will tell me, and if you received a report, you will give me the name and address of the agency that furnished it. I authorize you and your affiliates and subsidiaries to

contact these sources for information at any time, to use information about me, including information from this application and from consumer reports, for marketing and administrative purposes, and to share such information with each other, unless I direct you not to share with your affiliates and subsidiaries certain credit information (other than transaction or experience information) about me or any Additional Card applicant(s) by writing to you at: American Express, P.O. Box 7852, Ft. Lauderdale, FL 33329. (Please include your Social Security number and indicate if your request applies to any Additional Card applicants as well.)

Only individuals 18 or over may be approved for the Basic Card.

Additional Cards: I have advised Additional Card applicant(s) that you may obtain, verify, exchange, and use information about them in the same manner as described above, that they may be responsible for payment of their own charges if I fail to pay them, and that their own credit records may be affected by nonpayment of the account. I understand that Additional Card(s) will not be issued to me if I have an unsatisfactory account with American Express® or if the Additional Card applicants have ever had an

unsatisfactory account with American Express®. I acknowledge that any benefit or service offered with the Card may be modified or terminated at any time. An applicant if married may apply for a separate account.

USA Patriot Act Notice: Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account, including your name, address, date of birth and other information that will allow us to verify your identity.

Notice to Married Wisconsin Residents: No provision of any marital property agreement, unilateral agreement, or court decree under Wisconsin's Marital Property Act will adversely affect a creditor's interest unless, prior to the time credit is granted, the creditor is furnished a copy of that agreement or decree, or is given complete information about the agreement or decree.

The American Express Platinum Card, The Rewards Gold Card and The American Express Card are issued by American Express Travel Related Services Company, Inc. All rights reserved. ©2007 American Express Travel Related Services Company, Inc.

*This application is not available for citizens or residents of the U.S.



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